

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046109

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11465

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in lb <b>25 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>750 Hamilton</b>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			First <b>Eugene</b>			Middle <b>Taylor</b>			Last <b>Taylor</b>		
4. DATE OF DEATH			Month <b>11</b>			Day <b>16</b>			Year <b>63</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>12/15/1900</b>		9. AGE (last birthday) <b>62</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Nashville, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>MARIE TAYLOR</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No</b> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT <b>Marie Stokes</b>			Address <b>516 N. Garrison</b>		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Pulmonary Edema</b> DUE TO (b) <b>Congestive Heart Failure</b> DUE TO (c) <b>4341</b> Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.									INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Probable Myocardial Infarction</b>									PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>12:28 AM</b>		20f. CITY, TOWN, OR LOCATION <b>11-15-63</b>		COUNTY <b>11-16-63</b>		STATE <b>11-16-63</b>			
21. I attended the deceased from <b>11-15-63</b> to <b>11-16-63</b> and last saw her alive on <b>11-16-63</b> Death occurred at <b>5:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>[Signature]</b> (Print name or title)						22b. ADDRESS <b>2601 N. Whittier</b>			22c. DATE SIGNED <b>11-16-63</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		23b. DATE <b>11/22/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>		23d. LOCATION (City, town, or county) <b>ST. LOUIS COUNTY, MO.</b>		23d. LOCATION (City, town, or county)		(State)	
24. FUNERAL DIRECTOR <b>Lawrence E. Edwards</b>		ADDRESS <b>1111 N. 1st St.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 20 1963</b>		26. REGISTRAR'S SIGNATURE <b>Paul Smith. M.D.</b>		26. REGISTRAR'S SIGNATURE			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Guyton Swan*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

